

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M36618 (0)**

**1. Corporation Name  
TODAMERICA TRAVEL INC.**



**Principal Place of Business**  
17026 COLLINS AVE  
N. MIAMI BEACH FL 33180  
US

**Mailing Address**  
17026 COLLINS AVE  
N. MIAMI BEACH FL 33180-3642  
US

**3. Date Incorporated or Qualified** 08/11/1986  
**3a. Date of Last Report** 06/21/1996

**2. Principal Place of Business**  
21 17030 COLLINS AVE  
Suite, Apt. #, etc.

**2a. Mailing Address**  
26 17030 COLLINS AVE  
Suite, Apt. #, etc.

**4. FEI Number** 59-2707235  
Applied For Not Applicable

**22. City & State** N. MIAMI BEACH FL.  
**23. Zip** 33160 **Country** USA

**27. City & State** N. MIAMI BEACH FL.  
**28. Zip** 33160 **Country** USA

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**  
MARQUEZ, JOSE M.  
780 NW LEJEUNE RD.  
SUITE 400 LEJEUNE CENTRE  
MIAMI FL

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.**

**SIGNATURE** Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PS	<input type="checkbox"/> DELETE
NAME	CHAVEZ, JOSE E.	
STREET ADDRESS	7441 WAYNE AVE, APT. #1P	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CHAVEZ, ROSANNA E.	
STREET ADDRESS	7441 WAYNE AVE, PAT. #1P	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	SANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANE	
1.3 STREET ADDRESS	200 NW 151 AVE	
1.4 CITY - ST - ZIP	PEMBROKE PINES FL. 33028	
2.1 TITLE	SANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANE	
2.3 STREET ADDRESS	200 NW 151 AVE	
2.4 CITY - ST - ZIP	PEMBROKE PINES FL. 33028	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.**

**SIGNATURE:** [Signature] **DATE:** 4/16/97 **DAYTIME PHONE #:** 305 948 9460

CR2E034 (9/96)